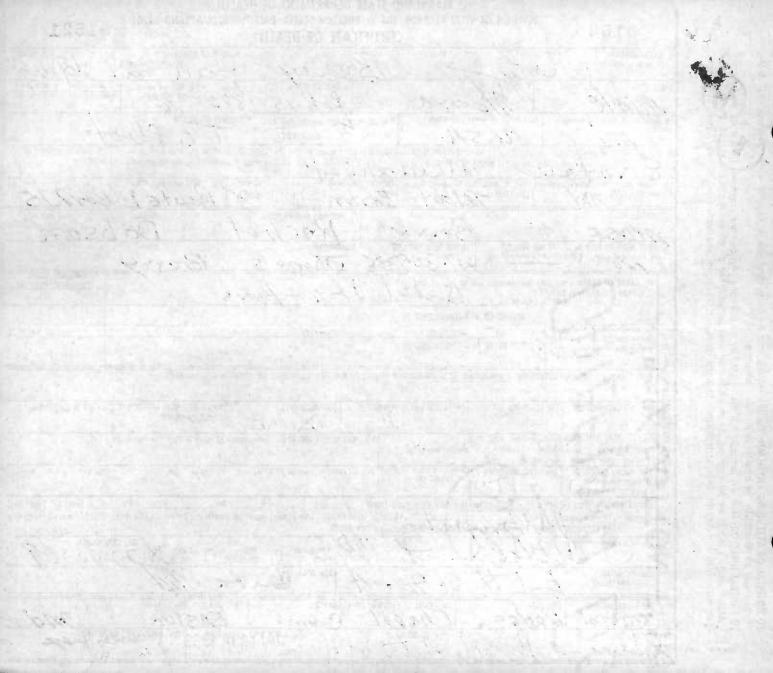
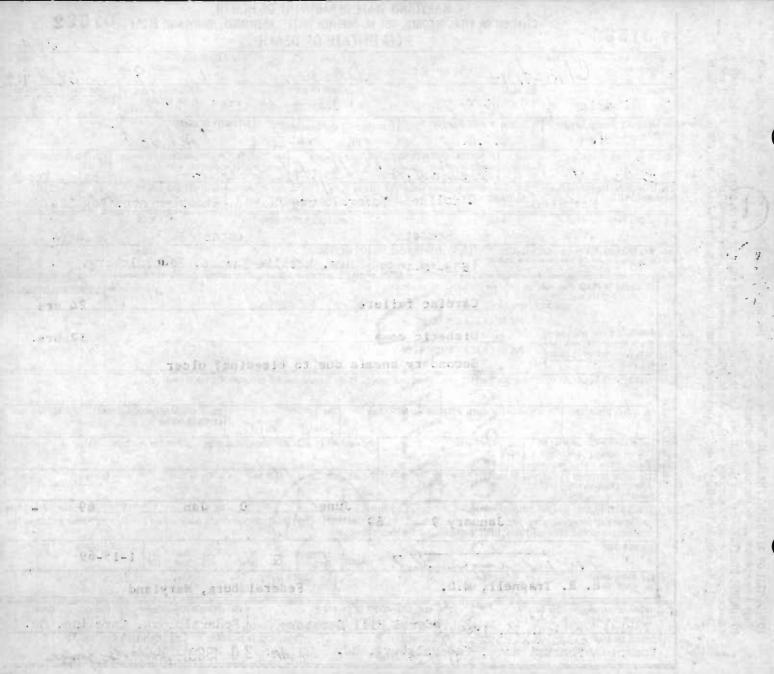


	1	MAKTLAND STATE DEPARTMENT OF HEALTH	
	15	01528 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	01521
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ertificate b physician nen please iaval, and i		(es, no, or unknown) (It yes give wor or dates of service) 217. 309.338 James S Berry	
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al a la	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. 19	1 18.)
	ME		Caunty State
TENDING ined by the OR: After to ould be do other the State		22a. I certify that (I) (this haspital) attended the deceased from, 19, ta, 19, and that in (my) (our) opinion deoth occurred on the dote	, that (I) (we) lost ond hour ond from the
ATTENC retained retained ECTOR: A 3 should with the	Ę	couses stoted above (1) (was and (stat hot) view the body after death. 22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE	E SIGNED
L OR be r be	18	DEGREE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22e. ADDRESS	121769
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O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should s should be filed with th	23a	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Chapol Com. EASTON	(Caunty) (State)
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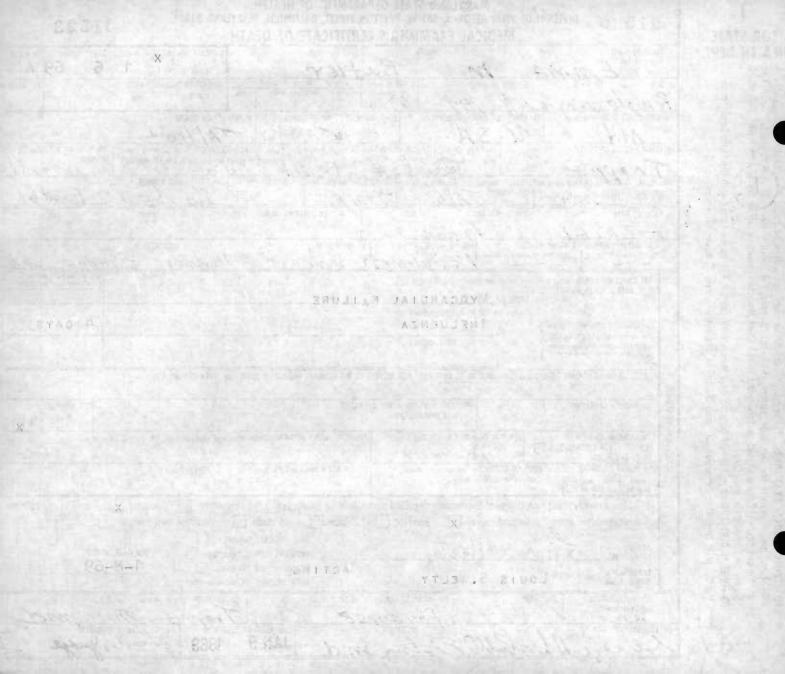


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 91522 01529 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR Lost drely filled in by the funeral arban papers. Pages 1 and 2 nt, within 7240us after death. within 24 haurs after death (Type or print) Month O Doy Bennett 8 IF UNCER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years Negro lost birthdoy) Female January 23, 1925 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Florida U.S.A. WIDOWEDK DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital 12o, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY remove carban Eskay Foods crematian, or remaval, and in any event, 136. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lives, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER xecute compl odmission) STATE 186. COUNTY Caroline Federalsburges Brooklyn Ave. Box 204 Maryland Middle IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Lost Lost John be Bemnett Hester Sharp attending physician sermit. Then please 16b. SOCIAL SECURITY NO. The law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Mrs. Rosalie Thomas, Federalsburg, Md. RFD Yes, go, or unknown) 258-30-1053 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. Cardiac failure IMMEDIATE CAUSE (o) 24 hrs DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) Diabetic coma 12 Hrs rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse Secondary anemia due to bleeding? ulcer burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) er this certificate has been significate for use as the bate Dept. of Health priar to b 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M director, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from June , 19 60 , to Jan saw the deceased alive an January 9 19 69 and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b, SIGNATURE 22c. DATE SIGNED 1-15-69 ATTENDING STAFF DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Typel. R. Trapnell. M.D. Federalsburg, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Federalsburg, Caroline, Md. Federal Hill Cemetery 2 2Sb. REGISTRAR'S SIGNATURE . ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Grow tracustour natal 20 Heliantes ralsburg, Md. Framptom/Funeral 1969 30M REV. 1/6

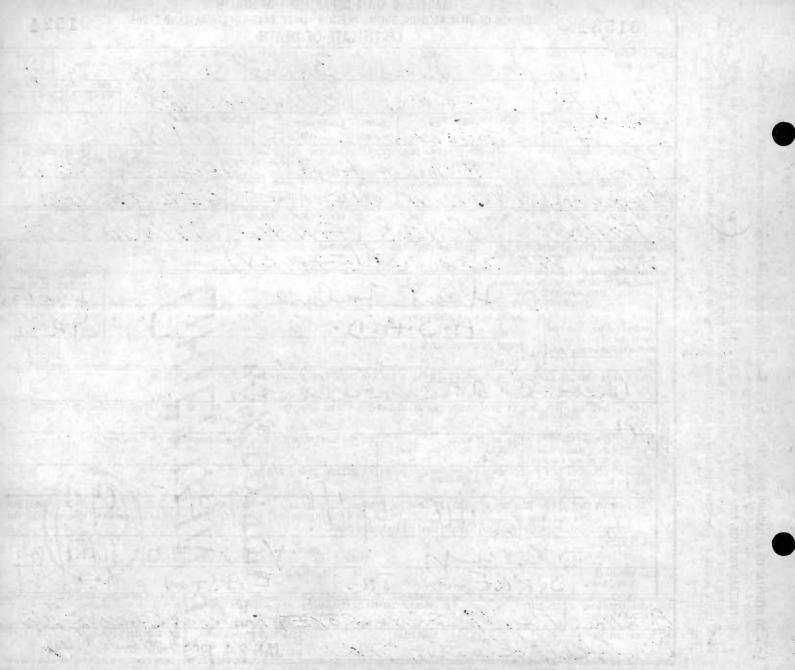
MARYLAND STATE DEPARTMENT OF HEALTH



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE		0 1 5 3 0 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1523
FOR STATE HEALTH DEPT.	1 [MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE KNOWN Month I	Day Viss Ob HOUR
		illow or committee and the contraction of the contr	Doy Yeor 2b. HOUR A M
loy is 1 of to 1 oge ent of	3. 9	CALL MALES	2d. HOUR
and	f	emale was to 10/13/99 lost birthday) MONTHS DAYS HOURS MIN. Month Day	Yeor 19 M
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24 hours in Item r's Office es lond 2 rs after	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 in lin lir s c	1	EZKIEL Brown	
within 24 pencil in xaminer's ile poges 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS	
should be executed with we word "pending" in pertoner to the Chief Medical Example. File buriol-tronsit permit. File I in ony event within 72	-	- 138.01-4820 Robert Syenen Tr.	APPROXIMATE INTERVAL
ould be executed invoid "pending" in the Chief Medical E. ol-tronsit permit. Floory event within		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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AL EXAMINER: This certificate should be executed within 24 hound execute the certificate, writing the word "pending" in pencil in Item or. Page 4 should be forwarded to the Chief Medical Examiner's Offil for your files. 10R:Page 3 should be used as a buriol-transit permit. File pages I and urial, cremation, ar removal, and in any event within 72 hours after the control of the c		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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forw use	CERTIFICATION	196. CONDITION OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This cote be f be r	ERTIF	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Iter	YES NO NO
DEPUTY SICAL EXAMINER: This certificate stessory, please execute the certificate, writing the funerod director. Page 4 should be forwarded the may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a cell prior to buriol, cremation, or removal, and	MEDICAL (PRIMARY OR CONTRIBUTING HOUR A.M.	11 10.)
INER shoul files. 3 sho nation	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
DICAL EXAMINER: se execute the certiinector. Poge 4 should ined for your files. ECTOR: Poge 3 should oburiol, cremation,		WHILE NOT WHILE of foctory, office building, etc.)	
L EXA cecute Poge for you NR: Pog		22a. I certify that I taak charge of the remains described above, held on Autopsy , Inspection , Inquiry X	and in my opinion
SICAL E ase execu- rector. Pol sined for RECTOR: for to buriol,		death resulted fram: Natural causes 🕱, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined monner 🕻	
please e) I director. refained L DIRECTO		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
nry, ple erol di be reto prior	10	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE SI	
o DEPUTY DICA necessory, please extra the funeral director. S may be retained provided by FUNERAL DIRECTOR.		EXAMINER'S NAME (Type) LOUIS S.WELTY ACTIRERGY MEDICAL EXAMINER ACTIRERGY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	-09
TO DEPUTY necessory, the funers 5 may be TO FUNERA Heolth pr	230	TABLE (1964)	(County) (Stote)
-		REMOVAL (Specify) 1/9/69 Porderst Thomps Tu.	mo
	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SI	IGNATURE
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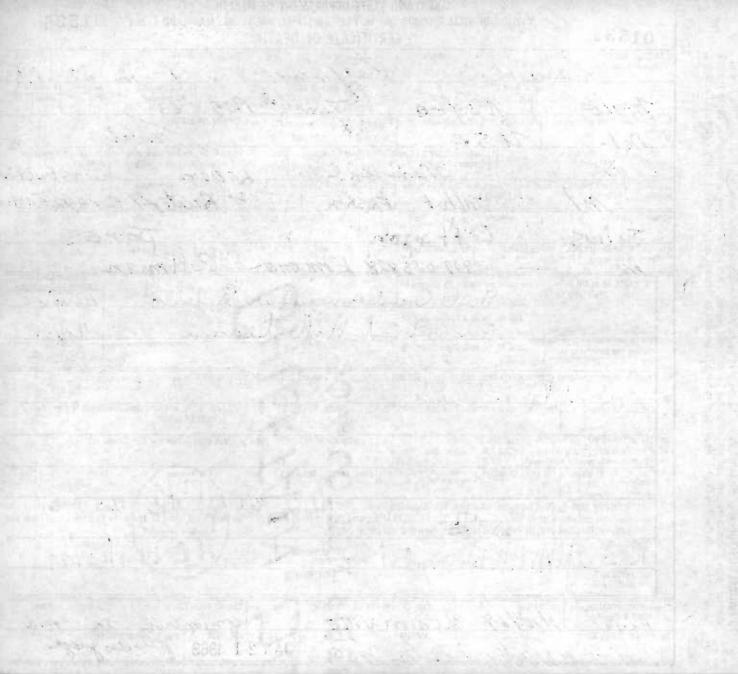
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01524 01531 CERTIFICATE OF DEATH 1. DECEASED-NAME 2o. DATE OF DEATH 2b. HOUR First executed within 24 hours after death. (Type or print) Month Ra 3. SEX 4. RACE IF UNCER 1 YEAR 6. AGE (In years CIAYS MONTHS burial-transit permit. Then please remave carban papers. Pages burial, crematian, ar removal, and in any event, within 72 hours aft 7b. CITIZEN OF 9. COUNTY OF DEATH MARRIED NEVER MARRIED and completely filled in WIDOWED 7 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR JOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 3d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Last requires that the death certificate be physician ien please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. INFORMAN' Address Yes, ple, ar anknown) APPROXIMATE INTERVAL attending p 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave the rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital or attending physician. stoting the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar tall TO HOSPITAL OR ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? **CAUSES OF DEATH?** YES [NO 7 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while at wark 220. I certify that (1) (this hospital) attended the deceased from , and that in (my) (aur) apinion death occurred on the dote and hour and from the saw the deceased alive ancouses stoted obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a_BURIAL, CREMATION 23b. DATE (County) (State) 256. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Ocherna Gredal DATEAN 30M REV.

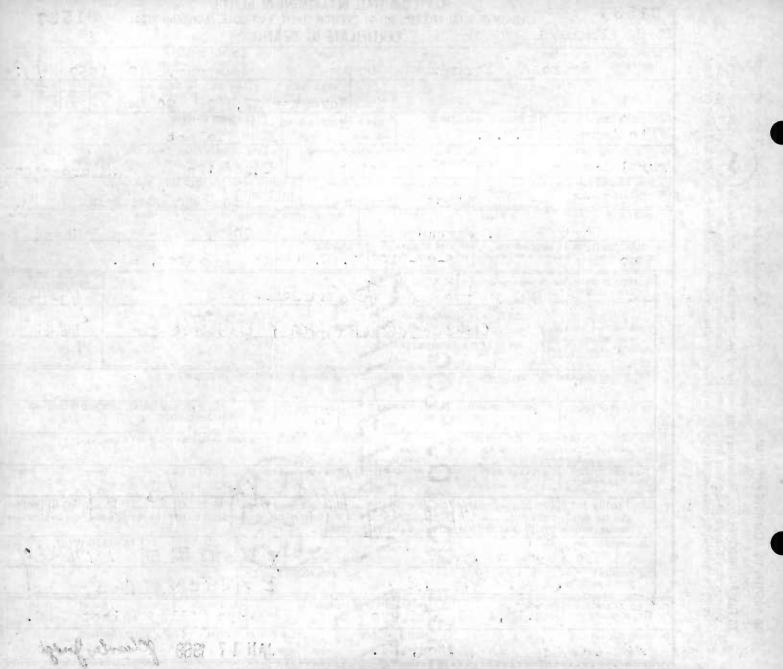


MARYLAND STATE DEPARTMENT OF HEALTH

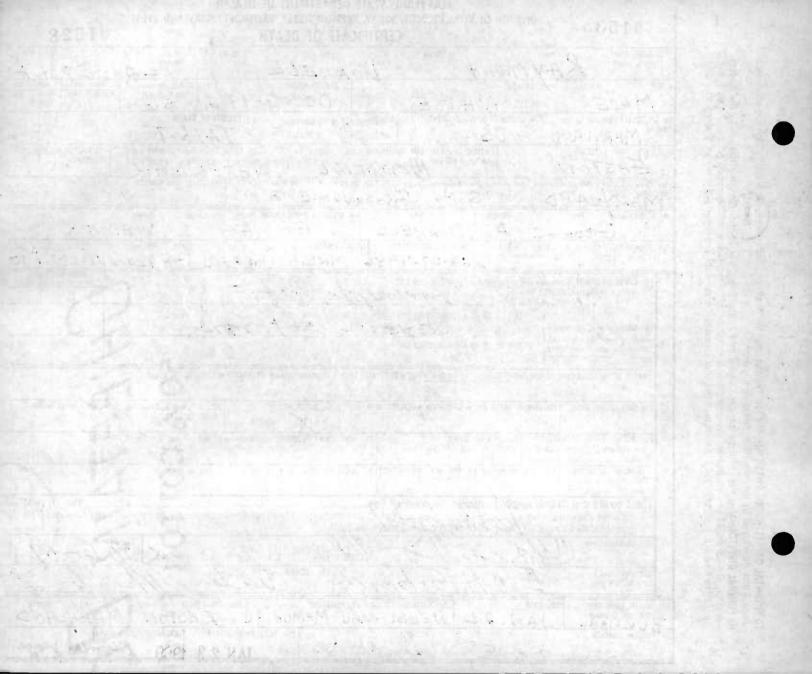
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01535 01528 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR and 2 death. within 24 hours after death and completely filled in by the funeral remave carban papers. Paner 1 and (Type or print) papers. Pages 1 5 DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) MONTHS DAYS HOURS ec. A YRS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY XX give street address) during, most of working life, even if retired.) burial, crematian, or removal, and in any event, wit 13a. USUAL RESIDENCE (Where deceased lived/if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER executed COUNTY YES 🔀 NO T 14. FATHER'S NAM Middle Last IS. MOTHER'S MAIDEN NAME First Middle gud WARNER ORRELL JEORGE please requires that the death certificate Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (If yes give war or dates of service) Yes, na, ar unknawn) RASONVILL 1B. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior ta O HOSPITAL OR ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) ottended the deceased fromsaw the deceased alive of , and that in (my) (our) opinian death accurred on the date and hour and from the couses stoted abave, (1) (we) (did not) vist the body ofter death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEOREE S PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) MeMORIA EASTON WOODLAWN 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 DATE



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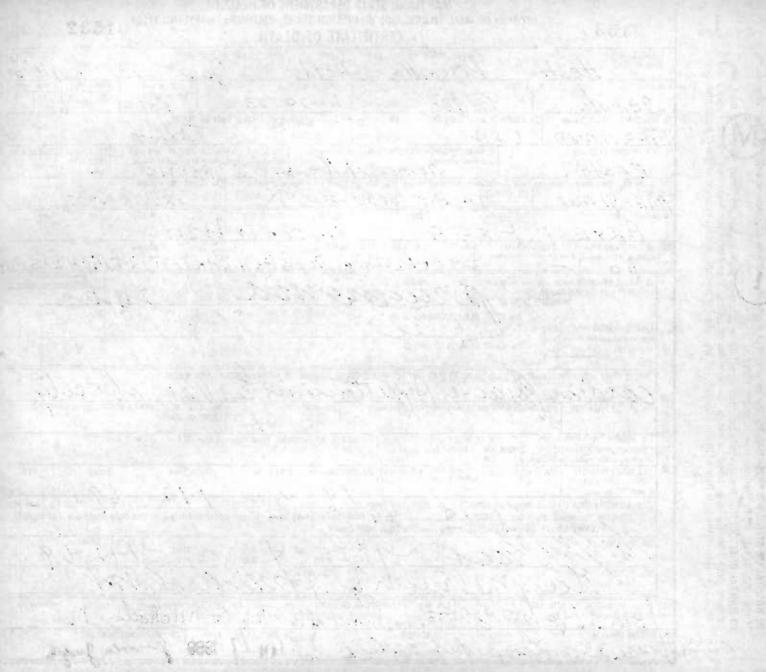
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18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH

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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01539 CERTIFICATE OF DEATH Middle 2g. DATE OF OEATH 1. DECEASED-NAME First Lost 2b. HOUR 72 haurs after death. Pages 1 and after death (Type or print) Month 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) DAYS MONTHS HOURS YRS. 7g. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF 9. COUNTY OF DEATH WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED [DIVORCED [E d burial, cremation, ar removal, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** executed with remave carban campletely T3e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN 13b. COUNTY NO. 14 FATHER'S NAME pup Middle Lost IS. MOTHER'S MAIDEN NAME First ate be physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, or unknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one cause per line_far (a), (b), and (c).) N ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
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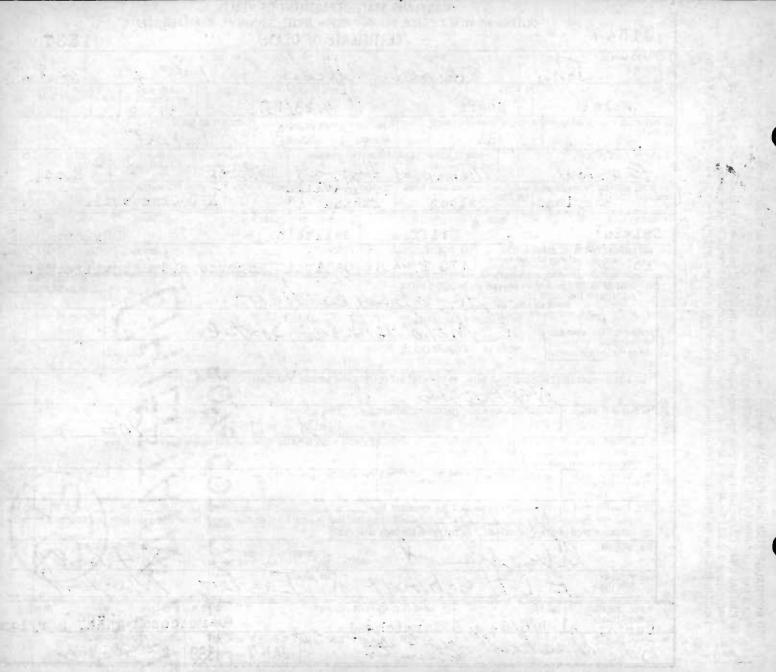
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MINER: This certificate should be executed within 24 haurs the certificate, writing the word "pending" in pencil in Item 14 shauld be farwarded to the Chief Medical Examiner's Office. It is a shauld be used as a burial-transit permit. File pages I and 2 shauld be used and in any event within 72 haurs after is matian, an exemplant of the contraction.		PART 2. OTHER :	SIGNIFICANT CONL	DITIONS CONTRIB	BUTING TO DEATH	BUI NOI KI	LATED TO TE	HE TERMINAL D	DISEASE OR C	ONDITIO	N GIVEN IN PA	ART 1(a)				
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se execute the certicater. Page 4 shauld ned for your files. EETOR: Page 3 shauld burial, cremation,		AT WORK	T WORK													
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necessa the fun 5 may 70 FUNE Health	230	BURIAL, CREMA		DATE	23c.	NAME OF CE	METERY OR	CREMATORY		23d.	LOCATION (CI	ity or Town	n)	(County)	(Sto	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01544 CERTIFICATE OF DEATH 01537 the funeral ages 1 and 2 is after death. DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR within 24 haurs after death. (Type or print) Month burial-transit permit. Then please remove carbon papers. Prages I burial, crematian, ar remaval, and in any event, within 72 hours after 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS Male 28 Negro /1915 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED and campletely filled in country) USA WIDOWED DIVORCED [Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR during most of working life, even if retired.) give-street address) INDUSTRY None emoRIA 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3 PINSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTYTAL bot arvland RFD Grasonville YES 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost Last Calvin Griffin Calithia Greene physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes no or unknown) Calithia Robertson, Grasonville, Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if dny, which gove ! rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the l O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES X NO [for use 3 shauld be detached far use with the State Dept. af Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 of Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical exominer) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town Stote County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from_ that (1) sow the deceased like on , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above () (we) (ad) (sid hot) view the body after death 22b. SIGNATURE 22c. DATE SIGNED STAFF **ATTENDING** MED. DIRECTOR director, page 3 shauld be filed v DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) 23a. BURIAL, CREMATION REMOVAL (Specify) Carmich Marvlan 24. FUNERAL DIRECTOR VR A15 (4) DALAN 1969 30M REV. 1/68



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eath. Page . ray be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in I	rector, page 3 should be detached for use as the burial-transit permit. Then please remove cerbon papers. Pages 1	7
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01538

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decaesad lived, If institution: Residence before admission)
a. county Talbot MARYLAN	o. STATE Md. b. COUNTY Dent
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) St. Michaels (rural) 2 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ** Millington
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
Rio Vista Nursing Home	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Charles S.	Last 4. DATE Month 3 Day Year OF DEATH I DEATH 100 100 100 100 100 100 100 100 100 10
Ollect Teb	Description of the property of
7. MAKRIED L NEVER MAKRIED L	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Isst birthday Months Days Hours Min.
M WIDOWED DIVORCED	1 July 14, 1889 79 m.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	
13. FATHER'S NAME Agriculture	Maryland USA
William T. Hague 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Martha Sylvester
(Yes, no, or unkown) (Ifyesgive war or dates of service)	17. INFORMANT Address
No 1215-36-2160	Chas. S. Hague Jr. Ruffsdale, Pa. RD 2
18. CAUSE OF DEATH [Enter only one cause per line for (a) to), end (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	
188 X DUE TO	na blodder -
Conditions, if any, which gave rise to immediate cause	na v eece a c
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 carienomorares	YES NO .
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BU CONTRIBUTION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URED. (Enter nature of injury in Part I or Part II of item 18.)
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fr	om 7 = 9 162 to 1 = 31 196 9that (1) (va) last
1-20	that death occurred at
22 SIGNATURE	
MANNAMORE	M.D. ATTENDING MED. STAFF PHYS. 1-3 22b DATE SONED
TZC. MYSCUN'S	M.D. PHTS. PHTS.
They m reeser	h Stmuchaele mg
23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMET	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
burial 1-2-69 Kennedyv	ille Cemty Kennedyville Kent Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Victor Kennedy Still Pond, Maryla	nd DATEFEB 5 1969

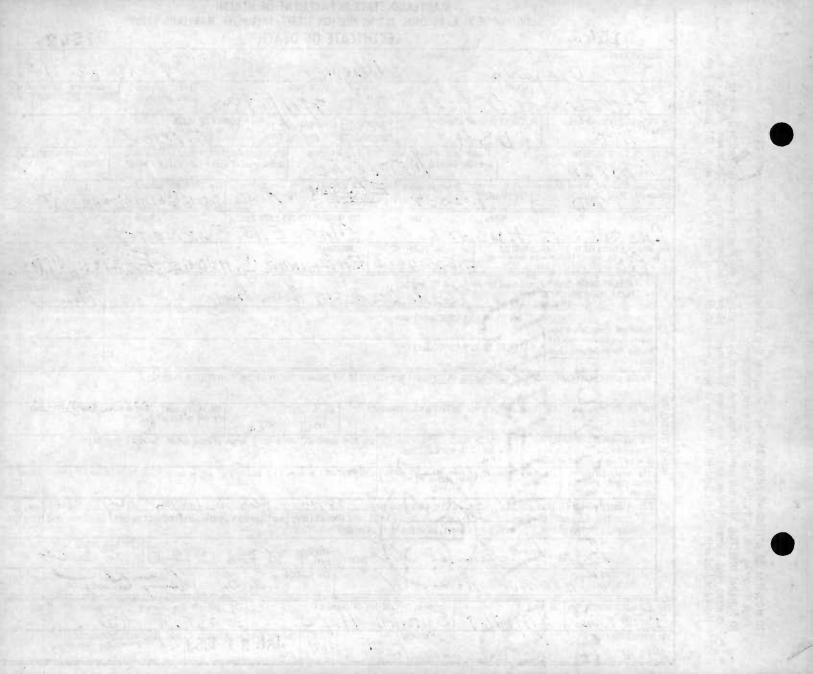
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01540 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Nonth (Type or Print) Poge DEATH MATED 3. SEX S. DATE OF BIRTH DATE PRONOLINCED DEAD PM3. 1-29-50 Year 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH WIDOWED [DIVORCED [usa ate Give Poges 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** EASTON Office olong 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN pages land 2 with 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY Talbot Wittman FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First RRISDN. SR HOMPSON hours pencil (Yes, no, or unknown) SETH UNKN. within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) G.S.W. CHEST DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditions, if ony, which gove rise to immediate couse (o), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) nsed 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NOX may be retained for your tiles. FUNERAL DIRECTOR: Page 3 should be should be 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year PRIMARY OR CONTRIBUTING buriol, cremotion, shotgun went off when picked CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. City or Town County 21e. PLACE OF INJURY (At hame, form, street, State foctory, office building, etc.) NOT WHILE home Wittman Talbot. 220. I certify that I took charge of the remains described above, held on Autapsy ... Inspection & Inquiry and in my opinion death resulted fram: Natural couses Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1-1-69 actingDEPUTY MEDICAL EXAMINER 5 may ro FUNE Heolth **EXAMINER'S** ADDRESS(Street, city, town, ar county) NAME (Type) Louis S. Welty NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (Stote) ERWOOT 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01549 01542 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR the funeral ages, 1 and 2 rs ofter death. 24, hours ofter death (Type or print) Manth 54 Malma S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 4 HRS 3. SEX 4. RACE 6. AGE (In years lost birthdoy) MONTHS OAYS HOURS 8 YRS COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? ottending physician ona comprome, papers. event, within 72 h country) DIVORCED WIDOWED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed STATE 13b. COUNTY 206 GOLDSBORD YES 450 buriol, cremation, or removol, and in any MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost First ES 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, po, prynknown) (If yes give war or dates of ser 16b. SOCIAL SECURITY NO 17. INFORMANT '(If yes give war or dates of service) 218-20-265 CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY la permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ? burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF signed by Page 4 may be retained by the hospital or attending physician. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) for use as the k i Health prior to b TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING TO CAUSE OF GEATH HOUR A.M. Month Day Year detached f te Dept. of I (If either, notify medical examiner) P.M. oge 3 should be detache filed with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.E.D. No. State 21d. INJURY OCCURRED City or Town County While Nat while 220. I certify that (1) (this hospital) attended/the deceased from_ . to 19 69, and that in (my) (eur) opinion death occurred on the date and hour and from the sow the deceosed alive on. couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE PHYS DIRECTOR PHYS director, poge should be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) URST 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION (County) REGISTRAR'S SIGNATURE FLINERAL DIRECTOR GASTON



	1	MAKTLAND STATE DEPARTMENT OF HEALTH
4,1,	-	01550 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01543
TO AN		teml Film 2408 1/13/69 kk CERTIFICATE OF DEATH
书 (张美)		ECEASED-NAME First Middle Last 20. DATE OF DEATH Type ar print)
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fer fer	3. S	March hirthwest Martin Cone House Mills
rs a page		
by by		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED ▼ NEVER MARRIED ▼ 19. COUNTY OF DEATH ontry)
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be executed within 24 haurs after death. And completely filled in by the funeral ermane carbon papers. Pages I nad in any event, within 72 haurs effer death.	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 12a. USUAL OCCUPATION (Kind of wark dane during most of working life, even if retired.)
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rem un an an	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
7 5 5 7	1/	Henry Hummer Rose Fairbanks
equires that the death certificate be executed within 24 haurs after physician. Signed by the attending physician and completely filled in by the fuburial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, or removal, and in any event, within 72 haurs effer	100	Was DECEASED EVER IN U.S. ARMED FORCES? Ves, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 218-07-8918 Mrs. W. Frank Hummen Transpe. Md.
phy ova	-	ASSENCE AND ASSESSED ASSESSEDA
ie death ce attending permit. Th		18. CAUSE OF DEATH (Enter only one cause per the for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY:
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he at per		Conditions, if ony, which gave)
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s th transfer transfer cre		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires that the death physician. signed by the attendi burial-transit permit. burial, crematian, or r		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
The law requires that the death certificate attending physician. I have been signed by the attending physicial use as the burial-transit permit. Then please the burial, crematian, or removal, an		Bank 2. Office apprinted to the first to the
aw ndin beel beel ar t	NO.	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
he I he I day	CERTIFICATION	YES NO X CAUSES OF DEATH?
or o	CERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
OR ATTENDING PHYSICIAN: De retained by the haspital or UNECTOR: After this certificate e 3 shauld be defached far used with the State Dept. af Hea	3	OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year
rent cert	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREFT, FACTORY. 21f. LOCATION Street or R.F.D. No. City or Town County Stote
PH' his his Dep	h	While Not while ot wark of wark
N the e de	ш	22a. I certify that (I) (this haspital) attended the deceased from 1967, ta 1967, that (I) (we) last
Afr d b d b d b		saw the deceased glive an
OR aine		causes stated abave, (I) (we) (did) (did not) view the bady after death.
R A P retar	12	226. SIGNATURE STAFF DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DIRECTOR DIREC
ed be		DEGREE PHYS. DIRECTOR PHYS.
RAL RAL be f		NAME (Type) S. Krech ST EASTON, de
OSP JNE JNE uld	220	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre-	230	BURIAL, CREMATION, 23b. DATE / 1969 23d., NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town); (County) (Stote)
	24.	FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
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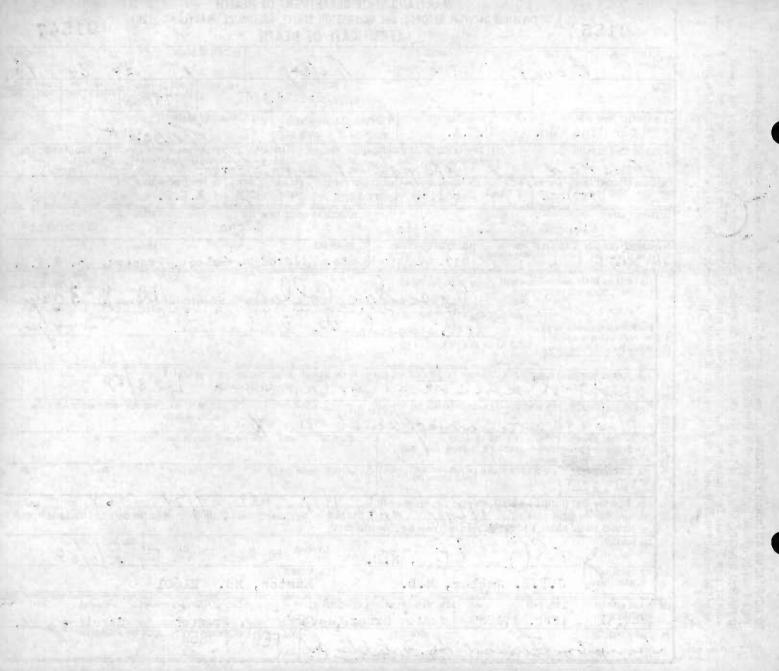
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1	MAKYLAND STATE DEPARTMENT OF HEALTH	
	0 1 5 5 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.45.15
	CERTIFICATE OF DEATH	01545
		2b. HOUR
(Type or print) Mapathy nellie (Vestor) (Com) 130	1989 935 M
3. S	A PAGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	1 lost birthday)	MONTHS DAYS HOURS MIN
70	201-111/C	
cou	mity) Maryland USA WIDOWED DIVORCED TALBOT	Md.
10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY. Home
130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER	2.00
odm	ission) STATE Maryland 13b. COUNTQueen Annes Queenstown YES (2) NO None	
14.		ark
160	. WAS DECEASED EVER IN U.S. ARMED FORCES? (fes, no or unknown) (Il yes give war or dates of service) (Idea Social Security No. LeCompte Funeral Service recor	ds
	IR CALISE OF DEATH (Enter only one course per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND GEATH
		524-
	rise to immediate couse (a),	1
	stating the underlying couse (c) Climic alcoholism	26 400
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
NO	TOO DATE OF ODERATION 106 CONDITION FOR WHICH OPERATION WAS DEDECOMED 200 AUTODS 22	CONCIDEDED IN CEDTIEVING
TIFICAT	CALICE OF DEATHS	CONSIDERED IN CERTIFIING
	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2,	Item 18.)
EDICAL	(If either, notify medical examiner) P.M. 19	
W	THIRE HOLANING	County State
	220 certify that (1) (this becautably attended the deceased from 9-15 1965 to 1-13	69, that (I) (we) last
	saw the deceased alive an 17 - 73 1967, and that in (my) (aur) apinian death accurred an the d causes stated abave, (I) (we) (did) (did nat) view the body after death.	ate and haur and fram the
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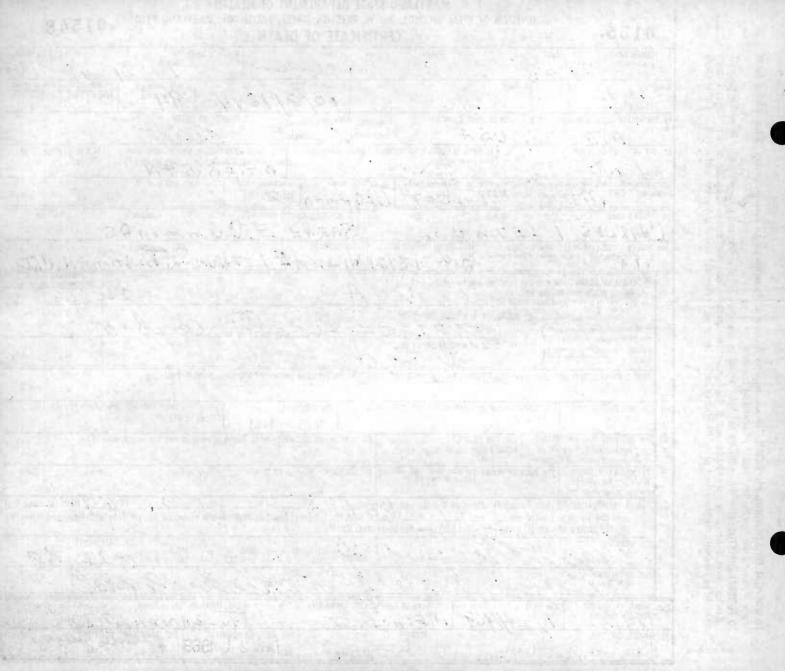
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G PHYSIC the hospi this certi detached	MEC	21d. INJURY OCCURRED While Not while of work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	21f. LOCATIO	N Street or R.F.D. No.	City or Town	County State	е
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ed ed he		sow the deceased olive an1% F, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death.
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With With		226. SUGNATURE 226. DATE SIGNED 22C. DATE SIGNED
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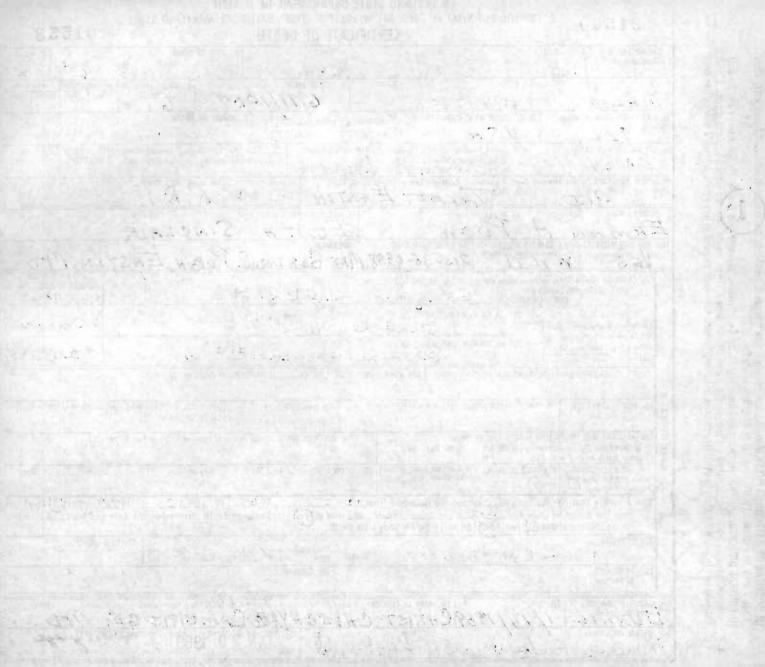
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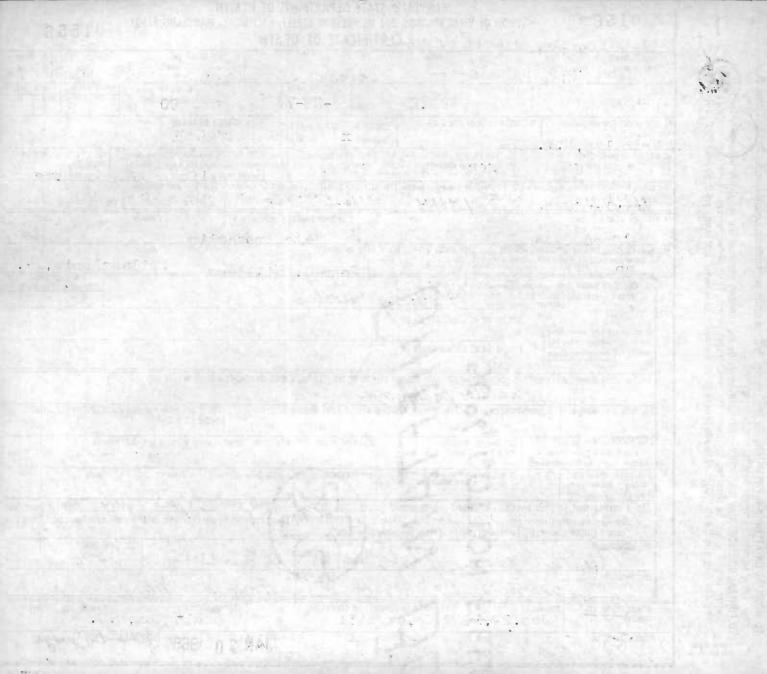
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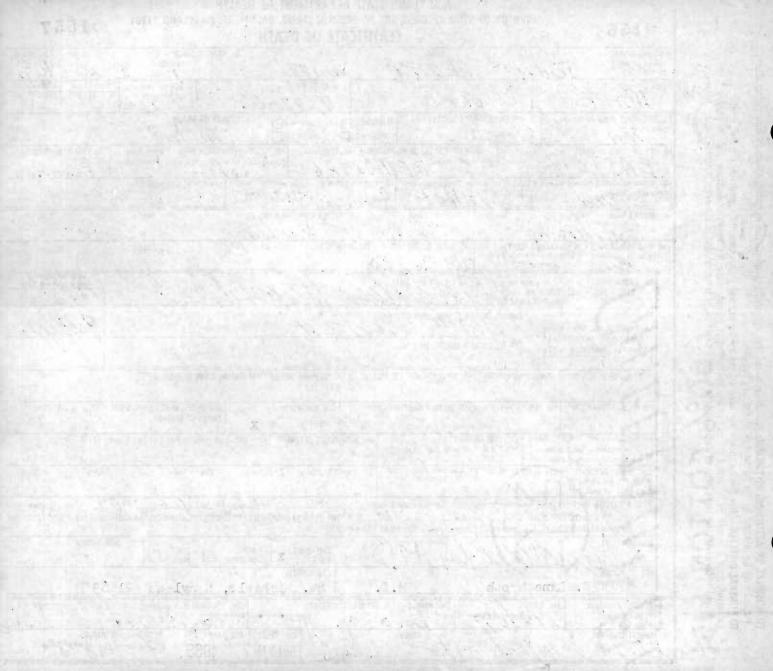


- /	1	MARYLAND STATE DEPARTMENT OF HEALTH	
134		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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AL D		22d. PHYSICIAN'S 22e. ADDRESS 7 — 60
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VR A15 (4) 30M REV. 1268	1	FUNERAL DIRECTOR ONN J. Duda, 7922 Wise Ave. Dundalk, Md. 20 1969 256. REGISTRAR'S SIGNATURE ONN J. Duda, 7922 Wise Ave. Dundalk, Md.

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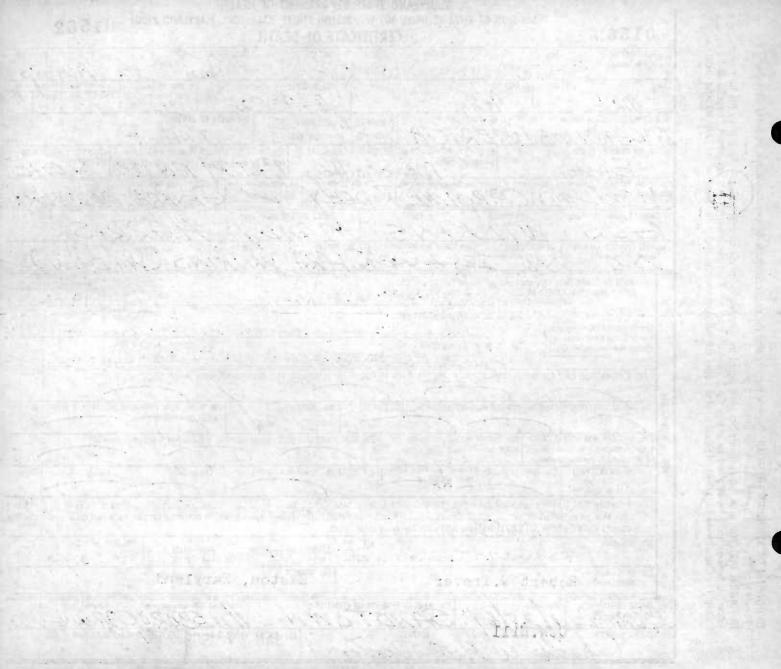
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01568 01561 CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE OF DEATH death. executed within 24 haurs after death. and campletely filled in by the funeral (Type or print) 3 SEX S DATE OF BIRTH 6. AGE (In years lastybirthday) IF LINDER I YEAR Male White MONTHS I DAYS HOURS Aug. 25,1897 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED carban papers. country)Penna. U.S.A. WIDOWED I DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, exec if retired.) INDUSTRY event, 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odminion ryland COUNTYCaroline Goldsboro YES NO None 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost Middle Lost and in Wilson Steele Mary Houser requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Nes no, or unknown) (If yes give war or dates of service) burial, crematian, or remaval, 220-01-5232 Eva Steele Goldsboro, Caroline. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove signed by the burial-transit p rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? NO V YES [O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 220. I certify that (1) (this hospital) attended the deceased from 1-17, 1964, to 1-17, 1964, that (1) (we last 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR Robert W. Trever M.D. DEGREE -17-69 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Easton Maryland 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) 1-21-69 Greensboro Greensboro. Caroline Md. 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01562 01569 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR within 24 hours after death. filled in by the funeral on papers. Pages I and 2 within 72 hours after death (Type ar print) Month JeNie 4. RACE S. DATE OF BIRTH . AGE (In years last, birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SFX MONTHS ! CIAYS HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED DIVORCED WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) campletely fi 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e_STREET AND NUMBER requires that the death certificate be executed burial, crematian, or removal, and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17_INFORMANT 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 96060 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **O FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH! YES 🗔 NO IL 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 1966, ta 1-23 _____, 19 69___, that (i) (we) last 22a. I certify that (1) (this haspital) attended the deceased from _______ _19 69, and that in (my)(our) opinion death occurred on the date and hour and from the saw the deceased alive on_ 1-23 causes stoted above (1) (we) (did nat) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR Robert W. Trever -23-69 DEGREE PHYS. 22e. ADDRESS ton, Maryland PHYSICIAN'S Robert W. Trever NAME (Type) 230 SUBIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23b. DM REGISTRAR'S STONATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



11	MARYLAND STATE DEPARTMENT OF FIEALTH	
7	01570 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	6.9
	CERTIFICATE OF DEATH	
death.	ASED-NAME First Middle Annie Wright 20. DATE OF DEATH 7 Month 5 Day 1969	2b. HOUR
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by the despital or attending physician. Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban paper shauld be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72	B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF onditions, if any, which gave se to immediate cause (a), (b) Outing the underlying cause (c) OUE TO, OR AS A CONSEQUENCE OF OUTING THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	HONSET AND DEATH
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	AME(Type) R. Lane Wroth, M.D. Easton, Md.	
Page Poge To FUR direct	thrial cremation, 23b. Daty 8/1969 23c Mame of FEMETERY OF CREMATORY Park 23d. COCATION (City or Town) (County)	(State)
30M REV. 117.00	NERAL DIRECTOR E. NEUMAM & SON, Easton, Md. 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE DAHAN 9 1969 Julian	ege.

